

## Health Care Financing Administration, HHS

## § 422.2

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AUTHORITY: Secs. 1851 and 1855 of the Social Security Act.

SOURCE: 63 FR 18134, Apr. 14, 1998, unless otherwise noted.

### Subpart A—General Provisions

SOURCE: 63 FR 35068, June 26, 1998, unless otherwise noted.

#### § 422.1 Basis and scope.

(a) *Basis*. This part is based on the indicated provisions of the following sections of the Act:

- 1851—Eligibility, election, and enrollment.
- 1852—Benefits and beneficiary protections.
- 1853—Payments to Medicare+Choice (M+C) organizations.
- 1854—Premiums.
- 1855—Organization, licensure, and solvency of M+C organizations.
- 1856—Standards.
- 1857—Contract requirements.
- 1859—Definitions; enrollment restriction for certain M+C plans.

(b) *Scope*. This part establishes standards and sets forth the requirements, limitations, and procedures for Medicare services furnished, or paid for, by Medicare+Choice organizations through Medicare+Choice plans.

#### § 422.2 Definitions.

As used in this part—

*ACR* stands for adjusted community rate.

*Additional benefits* are health care services not covered by Medicare, and reductions in premiums or cost-sharing for Medicare covered services, funded from adjusted excess amounts as calculated in the ACR.

*Adjusted community rate* (ACR) is the equivalent of the maximum amount allowed under § 422.310.